

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		<i>[Signature]</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	11	<i>[Signature]</i>
FORMALITY REVIEW		62245	10-12-02
RESPONSE FORMALITY REVIEW		62245	11-20-03

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	
1	05/1/01
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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